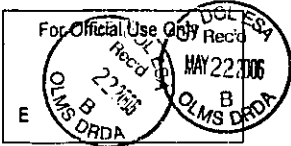


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>3550 5274</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>Richard Knice</b> P.O. Box, Bldg., Room No., if any <b>c/o SMWIA Lu No. 28</b> Street <b>500 Greenwich Street</b> City <b>New York</b> State <b>New York</b> ZIP Code + 4 <b>10013</b>	4. Name, file number, and address of labor organization. Name <b>SMWIA Lu No. 28</b> Labor Organization File Number <b>011-371</b> P.O. Box, Building and Room Number, if any Street <b>500 Greenwich Street</b> City <b>New York</b> State <b>New York</b> ZIP Code + 4 <b>10013</b>
5. Position in labor organization. <b>Recording Secretary</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>Richard L Knice</i></u>	On <u>5/3/06</u> Date <u>718-291-5770</u> Telephone Number

Name of Person Filing **Richard Knice**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **SMWLU No. 28 Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **195 Mineola Blvd.**

City **Mineola**

State **New York** ZIP Code + 4 **11501**

14.a. Nature of payment.

(1) Hotel, airfare and daily expenses for National Labor & Mgmt. Conference, Florida (2/16/05-2/23/05) - \$1,919

(2) Registration fee for National Labor & Mgmt. Conference, Florida (2/16/05-2/23/05) - \$795

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

**\$2,714**

Name of Person Filing <b>Richard Knice</b>	File Number U-
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**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name <u>SMWLU NO. 28 EDUCATION FUND</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street <u>139-20 JAMAICA AVENUE</u>  City <u>JAMAICA</u>  State <u>New York</u> ZIP Code + 4 <u>11435</u>	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; padding: 5px;">           (1) TRAVEL EXPENSES FOR EASTERN REGIONAL APPRENTICESHIP CONF, TENN. - \$1,302            (2) MEETING EXPENSES FOR COORDINATORS MEETING, LAS VEGAS, NEVADA - \$297            (3) TRAVEL EXP FOR APPRENT REGIONAL CONTEST - \$375            (4) TRAVEL EXP FOR EASTERN REGIONAL CONF, CLEVELAND OH \$541         </div>   <b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$2,515</span>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; height: 150px;"></div>   <b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 20px;"></span>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; height: 150px;"></div>   <b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 20px;"></span>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	